# 2 115 2

**Robert Clegg** 

(Print Name of lobbyist)

### STATE OF NEW HAMPSHIRE

## 2018 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

RECEIVED

APR 18 2018

NEW HAMPSHIRE DEPARTMENT OF STATE

### PLEASE PRINT

I. Name of Lobbyist(s) Robert Clegg, Debra Vanderbeek, Periklis Karoutas, Leann Moccia

	egislative Solution	ons, L.L.C.		
(Nan	ne of partnership, fir	m or corporation)		
P.(	O. Box 10724	Bedford	l NH	03110
Business Address: (Str	reet)	(Town/City)	(State)	(Zip Code)
( ) <u>603- 860-3682</u> ( ) <u>e-mail</u> <u>senclegg@aol.com</u> (Fax)				
(Telephone)		(Fax	)	000
II This statement co	overs: (Chaose an	e — file senorate reno	rts for each alient OD	you may file a separate report
		are not attributable		you may me a separate report
All reportable tran	sactions occurring	in the months prior to	the reporting date relati	ve to the following client:
	Injured	Workers' Pharmacy		
			obbyist Registration Form)	
<u>)R</u>	•		,,	
All reportable trans	sactions by the lob	byist (including the lob	byist's family), or the le	obbying firm listed below which
nrelated to any partic			•	
V. Date of Report	April 25, 2018 ity from date of regi		July 25, 2018	
Reports cover: activ	ity from date of regi	Stration to 3/31/18	activity from 4/1/18 to	6/30/18
-				
	October 31, 201	8	January 30, 20	
	October 31, 201 activity from 7/1/18	8		
	activity from 7/1/18	8	January 30, 20 activity from 10/1/18 a	to 12/31/18
There have been this box is checked, o	activity from 7/1/18  no fees receive	8 □ to 9/30/18  d and no reportable	January 30, 20 activity from 10/1/18 a	10 12/31/18
I. There have been this box is checked, o	activity from 7/1/18  no fees receive	8 □ to 9/30/18  d and no reportable	January 30, 20 activity from 10/1/18 a	<i>to 12/31/18</i> since the last report. □
T. There have been this box is checked, concord, NH 03301.	activity from 7/1/18  no fees received complete just this j	18	January 30, 20 activity from 10/1/18 a	<i>to 12/31/18</i> since the last report. □
V. There have been f this box is checked, of Concord, NH 03301.	activity from 7/1/18  no fees received complete just this just the all reports are attentions.	18	January 30, 20 activity from 10/1/18 a e transactions made s ne Secretary of State's C	since the last report.   Office, State House, Room 204,
V. There have been fithis box is checked, Concord, NH 03301. VI. Check if addition	activity from 7/1/18  no fees received complete just this just the	to 9/30/18  d and no reportable form and submit it to the ached: spenditures, you must to	January 30, 20 activity from 10/1/18 of transactions made so the Secretary of State's Co	since the last report.   Office, State House, Room 204,
V. There have been fithis box is checked, of Concord, NH 03301. VI. Check if addition If you have received. If you have paid as	activity from 7/1/18  no fees received complete just this just this just the ports are attended fees or made expension or research.	to 9/30/18  d and no reportable form and submit it to the ached: spenditures, you must to	January 30, 20 activity from 10/1/18 of transactions made so the Secretary of State's Co	since the last report.   Office, State House, Room 204,
There have been this box is checked, of concord, NH 03301.  The Check if addition if you have received a system of the conservation if you have paid as expense Reimbursement.	activity from 7/1/18  no fees received complete just this just this just the ports are attached fees or made expended in honorarium or recent	to 9/30/18  d and no reportable form and submit it to the ached: expenditures, you must the simbursed expenses, you	January 30, 20 activity from 10/1/18 as transactions made s ae Secretary of State's Co	since the last report.   Office, State House, Room 204,
There have been fithis box is checked, of Concord, NH 03301.  The Check if addition if you have received If you have paid at Expense Reimburseme	activity from 7/1/18  no fees received complete just this just this just the ports are attached fees or made expended in honorarium or recent	to 9/30/18  d and no reportable form and submit it to the ached: expenditures, you must the simbursed expenses, you	January 30, 20 activity from 10/1/18 as transactions made s ae Secretary of State's Co	since the last report.   Office, State House, Room 204,  s and Expenses  B- Report of Honorariums or
V. There have been If this box is checked, of Concord, NH 03301.  VI. Check if addition  If you have received  If you have paid as Expense Reimburseme	activity from 7/1/18  no fees received complete just this just this just the ports are attached fees or made expended in honorarium or recent	to 9/30/18  d and no reportable form and submit it to the ached: expenditures, you must the simbursed expenses, you	January 30, 20 activity from 10/1/18 as transactions made s ae Secretary of State's Co	since the last report.   Office, State House, Room 204,  s and Expenses  B- Report of Honorariums or
V. There have been of this box is checked, of Concord, NH 03301.  VI. Check if addition of the concord of the c	activity from 7/1/18  no fees received complete just this just this just the just this just the just t	d and no reportable form and submit it to the ached: ependitures, you must be embursed expenses, you made political contributions.	January 30, 20 activity from 10/1/18 as transactions made s ae Secretary of State's Co	since the last report.   Office, State House, Room 204,  s and Expenses  B- Report of Honorariums or
V. There have been fithis box is checked, of Concord, NH 03301.  VI. Check if addition  If you have received and the conservation of the conservat	activity from 7/1/18  no fees received complete just this just this just this just the property are attended fees or made expension or recent or your family has immation by Lobbert 15-B, RSA 14	d and no reportable form and submit it to the sached: ependitures, you must be simbursed expenses, you made political contributions.  Dyist -C and RSA 664 and he	January 30, 20 activity from 10/1/18 a e transactions made s ne Secretary of State's Co	since the last report.   Office, State House, Room 204,  s and Expenses  B- Report of Honorariums or
V. There have been fithis box is checked, of Concord, NH 03301.  VI. Check if addition  If you have received and the conservation of the conservat	activity from 7/1/18  no fees received complete just this just this just this just the property are attended fees or made expension or recent or your family has immation by Lobbert 15-B, RSA 14	d and no reportable form and submit it to the sached: ependitures, you must be simbursed expenses, you made political contributions.  Dyist -C and RSA 664 and he	January 30, 20 activity from 10/1/18 a e transactions made s ne Secretary of State's Co	since the last report.   Office, State House, Room 204,  s and Expenses  B- Report of Honorariums or  Idendum C- Political Contribut
V. There have been fithis box is checked, of Concord, NH 03301.  VI. Check if addition  If you have received a sexpense Reimbursemed If you, your firm, of Sworn Statement/Aff	activity from 7/1/18  no fees received complete just this just this just this just the property are attended fees or made expension or recent or your family has immation by Lobbert 15-B, RSA 14	d and no reportable form and submit it to the sached: ependitures, you must be simbursed expenses, you made political contributions.  Dyist -C and RSA 664 and he	January 30, 20 activity from 10/1/18 a e transactions made s ne Secretary of State's Co	since the last report.   Office, State House, Room 204,  s and Expenses  B- Report of Honorariums or  Idendum C- Political Contribute  that the foregoing information is to

# PLEASE PRINT

# STATE OF NEW HAMPSHIRE

# Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

I. Name of Lobbyist(s) Robert Clegg, Debra Vanderbeek, Periklis Karou	tas, Leann Moccia
II. Name of lobbyist's partnership, firm or corporation, if any:	
Legislative Solutions, L.L.C.	
(Name of partnership, firm or corporation)	
III. Name of Client Injured Workers' Pharmacy	Date April 9, 2018
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The greeduced by any expenses:	relations, or public relations services
a) Total of all fees received in this reporting period	a) § <u>7500.00</u>
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar y	b) \$ <u>0</u> ear)
c) Total of all fees received to date (Add lines a and b)	c) § 7500.00
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$ <u>0</u>
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to repfees. Separate reports are to be filed for expenditures made relative to each of the lobbyist(s)/firm that are unrelated to any one client a separate report of Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office exindividual expenses where the expenditure was of \$25.00 or less (for example lunch where the cost was \$25.00 or less, purchase of a pen with a value of lebeing lobbied, purchase of a ceremonial object given to a person being lobbied (c) an itemized statement of each individual expenditure made during this report any purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value greate restaurant expenses for a legislative reception). Expenses for honorariums contributions will be reported on separate addendums and should not be reported.	client and if expenditures are made by may be filed for the lobbyist(s)/firm aggregate total of all expenses paid expenses; (b) the aggregate total of all le: meals purchased during a business st than \$10 that is given to the person ad with a value of \$25.00 or less); and orting period of greater than \$25.00 for the of greater than \$25, purchase of a ter than \$25, but not greater than \$50, expense reimbursement, or political
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a) \$ 7500.00
b) Total aggregate of expenditures during this reporting period , not reported in a), of \$25 or less.	b) \$ <u>0</u>
c) Total of all itemized expenditures reported in detail in section VI.	c) \$ <u>0</u>

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$ 7500.00
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$ <u>0</u>
f) Total of all expenses year to date	f) \$ 7500.00
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from leperiod, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
	\$
	\$
	\$
	\$
	\$
	\$
Sworn Statement/Affirmation by Lobbyist  I have read/RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm	n that the foregoing information
is true and complete to the best of my knowledge and belief.	in that the foregoing information
(Signature of lobbyist)	April 9, 2018
() ()	(Date)
Robert Clegg (Print Name of lobbyist)	
(	

# State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

# **Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:**

Name of Lobbying part	nership, firm, or corpor	ration: Legislative Solutio	ns, L.L.C.	
Name of Client (leave l	olank if Statement is fo	r the partnership, firm, or	corporation and not related to any	
particular client):	ular client): Injured Workers' Pharmacy			
Date of Report (check	one):			
April 25, 2018 💆	July 25, 2018 □	October 31, 2018 🗆	January 30, 2019 □	
I have read RSA 15, R the following Addendu submitted):	SA 15-B, RSA 664, th ims submitted with tha	ne Statement of Income and the Statement (insert the n	nd Expenses described above, and umber of Addendum forms being	
Addendum A(s	).			
Addendum B(s	).			
Addendum C(s	).			
I hereby swear or affirm complete to the best of (Signature of lobbyist).	my knowledge and bel	ief.	nt and each Addendum is true and 9, 2018 (Date)	
Debra Vanderb	eek			
(Print Name of lobbyis	t)			

# State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

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Name of Client (leave	blank if Statement is fo	or the partnership, firm, or	corporation and not related to	any
particular client):	Injured W	orkers' Pharmacy		
Date of Report (check	one):			
April 25, 2018	July 25, 2018 🗆	October 31, 2018 □	January 30, 2019 □	
-	ums submitted with the		nd Expenses described above, umber of Addendum forms b	
' Addendum B(s	).			
Addendum C(s	).			
I hereby swear or affirm complete to the best of	0 0	ief.	nt and each Addendum is true	and
(Signature of lobbyist)			(Date)	
✓ Periklis Karouta	s			
(Print Name of lobbyis	t)	<del></del>		

# State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

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**Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:** 

Name of Lobbying part	nership, firm, or corpo	ration: Legislative Solution	ns, L.L.C.
Name of Client (leave l	olank if Statement is fo	or the partnership, firm, or	corporation and not related to any
particular client):	Injured W	orkers' Pharmacy	
Date of Report (check	one):		
April 25, 2018 🗖	July 25, 2018 □	October 31, 2018 □	January 30, 2019 □
			nd Expenses described above, and umber of Addendum forms being
X Addendum A(s	).		
Addendum B(s	).		
Addendum C(s	).		
I hereby swear or affirm complete to the best of (Signature of lobbyist)		lief.	nt and each Addendum is true and  9, 2018 (Date)
Leann Moccia		<del></del>	
(Print Name of lobbyis	t)		